Special drive to control epidemics

523. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government contemplates to launch a special drive to bring under control the epidemics like Dengue, Chikungunya, Swine Flu, Malaria and Cholera;

(b) whether Government has any plan to have separate wards in civil hospitals for such epidemics; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No. For prevention and control of Dengue, Chikungunya and Malaria, Government of India already has a National Vector Borne Disease Control Programme in place.

The main components of the strategy for prevention and control being implemented in the country to check the spread of these diseases are:

1. **Disease Management**

- Early case Selection and complete treatment.
- Strengthening of referral Services
- Epidemic preparedness and rapid response

2. **Integrated Vector Management**

- Indoor residual spraying in selected high risk areas.
- Use of insecticide treated bednets
- Use of larvivorous fish
- Anti larval measures in urban areas including biolarvicides.

3. **Supporting Intervention**

- Behaviour change communications
- Public private partnership & inter-sectoral convergence
- Human resource development through capacity building
- Operational Research including studies on drug resistance and insecticide susceptibility.
- Monitoring and evaluation through periodic reviews field visits and web based Management information system.

For prevention and control of Dengue and Chikungunya, following additional initiatives have been taken by Government:

- Guidelines on clinical management of Dengue/DHF cases sent to the States for wider circulation.
- Identified 13 Apex Referral Laboratories for advanced diagnosis and regular surveillance of Dengue and Chikungunya cases.
- Identified 137 sentinel surveillance hospitals for proactive surveillance for Dengue and Chikungunya.
- Supply of IgM - MC ELISA test kits for detection of Dengue and Chikungunya to Apex Referral Laboratories and Sentinel Surveillance hospitals.
- Intensified Information, Education & Communication/Behaviour Change Communication activities

For controlling Swine Flu, Government of India has taken the following actions:

(i) Enhanced surveillance is continuing at 22 International Airports, sea ports and International Check points.

(ii) Ministry of Health and Family Welfare has stockpiled 40 million Oseltamivir capsules and four lakh bottles of pediatric syrup has also been procured. About 18 million Oseltamivir capsules have been distributed to the States. Adequate stock of PPEs, three layered surgical masks and N-95 masks are in Central stockpile.

(iii) As Indian companies have not been able to develop a vaccine, as an interim arrangement, Government is procuring 4 million doses of pandemic H1N1 vaccine from external sources to vaccinate high risk groups.

(iv) State Rapid Response teams have been trained.

(v) Information, Education and Communication (IEC) activities through print and electronic media are being done extensively.

Cholera

All diarrhoeal diseases including cholera can be controlled by following the guidelines for cholera control which include verification of the diagnosis, notification of cholera (cholera being a notifiable disease locally, nationally and internationally), early case finding, establishment of treatment centres and rehydration therapy (either oral or intravenous). Oral Rehydration Salt (ORS) solution with/without antibiotics is the best treatment for cholera – which is being provided by all the States and UTs.

Provision of safe drinking water and general hygiene is the key to preventing diarrhoel diseases. The respective State Governments work towards spreading awareness and providing safe drinking water to general population.

For prevention and control of Cholera, following additional steps are being taken by National Centre for Disease Control (NCDC) (formerly National Institute of Communicable Diseases). NCDC-

(i) issues technical guidelines to all the State/UTs from time to time.

(ii) provides laboratory support for outbreak investigations and establishment of diagnosis.

(iii) conducts training courses for development of trained manpower issues CD alerts periodically.

(b) and (c) There is no requirement for an isolation ward for these diseases other than Swine Flu, for which all the States have been advised to identify hospitals and strengthen isolation facilities including critical care facilities at district level.

Establishing AIIMS-like institutions

524. DR. (SHRIMATI) NAJMA A. HEPTULLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government is going to establish more All India Institute of Medical Sciences (AIIMS)-like institutions in the country;

(b) if so, work has begun on how many institutions and how much time it would take to operationalize them;

(c) whether Government has assessed the requirement of desired faculty in these institutions;

(d) if so, the details thereof and whether Government is aware that there are so many posts lying vacant in AIIMS; and

(e) if so, the reasons therefor and how much time it would take to fill them up?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes, Sir. Under Phase I of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), 6 new AIIMS-like institutions, one each at Bhopal (Madhya Pradesh), Bhubaneswar (Orissa), Jodhpur (Rajasthan), Patna (Bihar), Raipur (Chhattisgarh) and Rishikesh (Uttarakhand) are being set up. The construction of residential complex has been taken up and is likely to be completed in all sites in 2010. Tenders have also been issued in November, 2009 for the selection of contractors for the medical college(s) and hospital complexes. The work is likely to commence by February, 2010 and all the institutions will be operationalized by 2012.

In Phase II of PMSSY two more AIIMS-like institutions, one each in Uttar Pradesh and West Bengal have been approved in March, 2009.

(c) and (d) Manpower requirement for these institutions is being worked out by an Expert Committee constituted for the purpose.